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| Application Number | 10692893 |
| Filing Date | 10/24/2003 |
| First Named Inventor | KENT W. SAVAGE |
| Title | HAND-HELD THERAPY APPARATUS AND METHOD |
| Art Unit | 3769 |
| Examiner Name | DAVID M. SHAY |
| Attorney Docket Number | 011263U53 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____.

SIGNATURE of Applicant or Assignee of Record

Signature

Date

March 31, 2010

Name

Michael E. Marion

Telephone

(914) 333-9637

Title and Company

Authorized Signatory, Philips Electronics North America Corp.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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